

9001



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: OHA CROSS CONNECTION SPECIALIST COURSE

Presenter: MIKE FRIESEMEISTER Title: INSTRUCTOR

Employer: SELF EMPLOYED Address: P.O. BOX 654

City: CRESWELL State: OR Zip: 97426 Phone: 541.255.5051

Summary of Lesson content: TRAIN WATER SYSTEM PERSONNEL IN OPERATION OF A CROSS CONNECTION PROGRAM INCLUDING OAR'S, OPSC & BEST MANAGEMENT PRACTICES

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: CROSS CONNECTION SPECIALIST SINCE 1999 STATE OF OREGON INSTRUCTOR SINCE 2003

Education (High School, Upgrades, Colleges and Degrees): HIGH SCHOOL - MINNESOTA, VARIOUS COLLEGE WATER CLASSES

Professional Registration/Certification: STATE OF OREGON INSTRUCTOR

Related papers/instruction you have presented:

Title: CROSS CONNECTION SPECIALIST COURSES Date: SINCE 2002 Event: ANNUALLY AT EUGENE WATER & ELECTRIC BOARD
Title: CROSS CONNECTION SPECIALIST RENEWAL CLASSES Date: SINCE 2002 Event: ANNUALLY AT EWEB WATER & ELECTRIC BOARD

Professional Organizations/Activities:

Date: _____
Date: _____

Course sponsor: NW CROSS CONNECTION TRAINING / BACKFLOW SERVICES LLC

Signature of Instructor: Mike Friesemeister Date: 5/21/2020

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
P.O. Box 577
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Phone: 503-698-6486



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